

State of Maine
FISCAL YEAR 2004 STATE HOMELAND SECURITY GRANT PROGRAM
SUPPLEMENTAL APPLICATION FOR FUNDING OF
TRAINING

For each training program that is being requested, please specify:

1. Program name:												
2. Training Provider:												
3. Projected Date(s):												
4. Program Duration: hours.												
5. Location:												
6. Number of Students:												
7. Program Audience (who will be attending the course, check all that apply):												
<table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Firefighters</td><td><input type="checkbox"/> Police</td><td><input type="checkbox"/> EMS Providers</td></tr><tr><td><input type="checkbox"/> Hospital Personnel</td><td><input type="checkbox"/> LEPC members</td><td><input type="checkbox"/> Public Officials</td></tr><tr><td><input type="checkbox"/> Industrial Responders</td><td colspan="2"></td></tr><tr><td colspan="3"><input type="checkbox"/> Others (please list by occupation)</td></tr></table>	<input type="checkbox"/> Firefighters	<input type="checkbox"/> Police	<input type="checkbox"/> EMS Providers	<input type="checkbox"/> Hospital Personnel	<input type="checkbox"/> LEPC members	<input type="checkbox"/> Public Officials	<input type="checkbox"/> Industrial Responders			<input type="checkbox"/> Others (please list by occupation)		
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8. Cost: per student:: \$												
9. Total projected cost: \$												
10. Will overtime be reimbursed for course attendance?												
<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <i>If yes, please attach and submit overtime break down.</i>												

If a private contractor will conduct this training program, please attach the contractor's proposal, and information on the contractor's qualifications. If conducted in-house, please attach instructor qualifications.

Attachments:

- ☐ Contractor's proposal/qualifications
- ☐ In-house instructor qualifications
- ☐ Overtime breakdown